

**IMPROVEMENT LOCATION PERMIT
SIGN APPLICATION
(Temporary / Special Event)**

APPLICATION NUMBER _____ **Date Received** _____

Project Location: _____

Property Owner's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Tenant's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

Contractor's / Manufacturer's Information:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Cell Phone No.: _____

E-mail Address: _____

SIGNAGE DESCRIPTION

Installation Date: _____ Removal Date: _____

Signage Placement:

Ground _____ Pole _____ Wall _____ Awning _____ Window _____ Other _____

Type of Lighting: _____

Number of Signs (maximum of 3 per event): _____

Signage Dimensions: (dimensioned drawings and site plan must accompany this application)

Ground Mounted: _____ sq. ft. Pole: _____ sq. ft.

Wall: _____ sq. ft. Awning: _____ sq. ft.

Window: _____ sq. ft. Other: _____ sq. ft.

SITE INFORMATION

Zoning District: _____ Front Yard Setback: _____

Zoning Compliant: _____ Right Side Yard Setback: _____

Historic Certificate: _____ Left Side Yard Setback: _____

Site Plan: _____ Rear Yard Setback: _____

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Zoning Officer Signature: _____

Zoning Certificate \$ _____ Review \$ _____ Total \$ _____

Cash _____ Check No. _____ Receipt No. _____ Received By _____

ILP# _____ Issued This _____ Day of _____